# EXHIBIT 32

Form 990

### Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-0047 1998

This Form is

<u>.</u> .		Transcurv	ng requirements. Open to Public Inspection
Departme Internal Re	ечелие 9	ervice Note: The organization may have to use a copy of the copy	ng requirements. Hispection 19
A For	the 19	os calendar year OR tax year period beginning , 1998, and ending	D Employer Identification number
	ck if:	Please C Name of organization, number and street, city, town, state, and ZIP code	54-1621449
Chang addre	je of ss	use IRS WAMY INTERNATIONAL, INC.	E Telephone number
H	return	print or	(703) 916-0924
Final r		type. See P.O. BOX 8096	
$\vdash$	ded retu	Specific FALLS CHURCH, VA 22041	F Check ▶ ☐ if exemption application is pending
regui.	red also reportin	for mistage	
	-	anization → X Exempt under section 501(c)(3 ) ◀ (insert number) OR ► section	4947(a)(1) nonexempt charitable trust
Motor S	ection	ANALYSIS IN THE REPORT OF A 40/7/2\(1) noneyempt charitable itusis initial authority	a completed Schedule A (Form 990).
H(a) le	thie a	recurs return filed for affiliates?	1110 01100110
n(a) is	uno a ;	I gloup exemple	ion no. (GEN) ▶
/6\ If	"Voe"	enter number of affiliates for which return is filed:	ethod: Cash 🕱 Accrual
			cify) ▶
		The state of the s	ion need not file a return with the IRS;
			(CO   CO  a.i a a.i.
but			
	orm 9	Revenue, Expenses, and Changes in Net Assets or Fund Balances (Se	ee Specific Instructions on page 13.)
Part	<u> </u>	Contributions, gifts, grants, and similar amounts received:	
1	1 (	Direct public support	
	a :	Direct public support. 1b 158,86	63.
	b	ndirect public support	
	C	Government contributions (grants)	
	ď	Total (add lines 1a through 1c) (attach schedule of contributors)	1d 158,863
l		(cash \$ 158,863 _ noncash \$)	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	
	3	Membership dues and assessments	400
	4	Interest on savings and temporary cash investments	
	5	Dividends and interest from securities	
	6a	Gross rents	<del>  </del>
,	b	Less: rental expenses	6c
	C	Net rental income or (loss) (subtract line 6b from line 6a)	7
	7	Other investment income (describe ▶	
Revenue	8a	Gross amount from sale of assets other (A) Securities (B) Other	
<b>5</b>		than inventory	
တ္	b	Less: cost/other basis & sales expenses . 8b	
3		Gain or (loss) (attach schedule)	
-	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d
<b>S</b>	9	Special events and activities (attach schedule)	
		Gross revenue (not including \$of	
$\Box$		contributions reported on line 1a)	
Щ	b	Less: direct expenses other than fundraising expenses	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c
SCANNED	100	Gross sales of inventory, less returns and allowances 10a	
$\widetilde{\mathscr{O}}$	b	Learn post of goods sold	
100	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10	0a). 10c
		Other revenue (from Part VII, line 103)	
	1	Other revenue (from Part VII, line 103)	
<b>,</b>	11	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	12 100/001
• <u> </u>	11 12	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	/FD 13 150,298
<u></u>	11 12 13	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  Program services (from line 44, column (B))	/ED 13 150,298
<u> </u>	11 12 13 14	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  Program services (from line 44, column (B))	/ED 13 150,298
Expense	11 12 13 14 s 15	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  Program services (from line 44, column (B))	/ED 13 150,298 14 20,100
Expense	11 12 13 14 s 15 16	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule).	/ED 13 150,298 14 20,100 150 160 170,40
Expense	11 12 13 14 s 15 16 17	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule).  Total expenses (add lines 16 and 44, column (A))	/ED 13 150,298 14 20,108 (SS) 16 170,408
Expense	11 12 13 14 s 15 16 17 18	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule).  Total expenses (add lines 16 and 44, column (A)).  Excess or (deficit) for the year (subtract line 17 from line 12)  CGDEN.	/ED 13 150,298 14 20,108 (5) 16 170,40
Net	11 12 13 14 s 15 16 17 18 19	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule).  Total expenses (add lines 16 and 44, column (A)).  Excess or (deficit) for the year (subtract line 17 from line 12)  Not assets or fund balances at beginning of year (from line 73, column (A)).	/ED 13 150,298 14 20,100 15 16 17 170,400 18 -4,821 19 20,74
·	11 12 13 14 s 15 16 17 18	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11).  Program services (from line 44, column (B))  Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))  Payments to affiliates (attach schedule).  Total expenses (add lines 16 and 44, column (A)).  Excess or (deficit) for the year (subtract line 17 from line 12)  CGDEN.	/ED 13 150,298 14 20,100 15 16 17 170,400 17 18 -4,82 19 20,74 20

Case 1:03-md-01570-GBD-SN Document 3912-32 Filed 02/28/18 Page 3 of 15 WAMY INTERNATIONAL, INC. 54-1621449

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (attach schedule)	22				
	cash\$ cash\$ )	23				
	Specific assistance to individuals (attach sch.).	24				
	Benefits paid to or for members (attach sch.) .		0.	0.	0.	0
	Compensation of officers, directors, etc	25 26				
	Other salaries and wages					
	Pension plan contributions	27	7 202	6,653.	739.	
	Other employee benefits	28	7,392.	0,000.		
	Payroll taxes	29				
	Professional fundraising fees	30	C E00	5 050	650.	
	Accounting fees	31	6,500.	5,850.	804.	
	Legal fees	32	804.	1 557	613.	
	Supplies	33	2,170.	1,557. 9,138.	3,916.	<u> </u>
	Telephone	34	13,054.		311.	
5	Postage and shipping	35	3,107.		5,880.	
	Occupancy	36	17,642.	11,762.	5,000.	
7	Equipment rental and maintenance	37	00 576	00 576		<u> </u>
8	Printing and publications	38	<u> 29,576.</u>	<u> 29,576.</u>	0 561	
9	Travel,	39	7,682.	5,121.	2,561.	
0	Conferences, conventions, and meetings	40	1,868.	1,868.		
1	Interest	41		4 204	1 104	
2	Depreciation, depletion, etc. (attach schedule) .	42	5,508.	4,384.	1,124.	
3	Other expenses (itemize): a Stmt Att		75,101.	71,593.	3,508.	<del></del>
b		43b				
		43c				
C		-				
d		43d				
d e	Total functional expenses (add lines 22 through	43d 43e	170 404	150, 200	20 106	
d 14 Repo	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	43d 43e 44 mn (B)	(Program services) any	joint costs from a combi	ned educational	
de 14 Reposamp f "Yes III) ti	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15  orting of Joint Costs. — Did you report in columation and fundraising solicitation?	43d 43e 44 mn (B) 	(Program services) any\$\$ complishments (S	; (II) amt. allocated ; and (Iv) amt. allocated ee Specific Instructions of	ned educational  I to Prog. services \$ cated to Fundraising \$ n page 20.)	
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de e 144 Reportante in 149 in	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)–(D), carry these totals to lines 13–15  orting of Joint Costs. — Did you report in columation and fundraising solicitation?	43d 43e 44 mn (B) t costs ral e Acc	(Program services) any\$\$ complishments (SPROMOTE UNDEF everments in a clear and at are not measurable. (See amount of grants and at a second	; (II) amt. allocated; and (Iv) amt. allocated; and (Iv) amt. alloce Specific Instructions of RSTANDING OF concise manner. State the Section 501(c)(3) and (4) allocations to others.)	ned educational  I to Prog. services \$_ cated to Fundraising \$ on page 20.)  I SLAM ne number of clients organizations and	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)
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de e 14  Report a 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15  orting of Joint Costs. — Did you report in columation and fundraising solicitation?	43d 43e 44 mn (B) t costs ral t costs ral To P se achients thanter the Large AC Larg	(Grants a DWARDSTHE YOU ONDUCTED LOCAL COMMENTS TO FURTH	; (II) amt. allocated ; and (IV) amt. allocated ; and (IV) amt. allo ee Specific Instructions of RSTANDING OF concise manner. State the Section 501(c)(3) and (4) allocations to others.) CATE PEOPLE A and allocations \$ JTH IN WHICH ALLY. and allocations \$ HER ITS PROGE DIN PORTUGAL	ned educational  I to Prog. services \$ cated to Fundraising \$ on page 20.)  ISLAM ne number of clients organizations and  ABOUT  )  RAMS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a trusts; but optional for others.)  135,036
d e e e e e e e e e e e e e e e e e e e	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15  orting of Joint Costs. — Did you report in columation and fundraising solicitation?	43d 43e 44 mn (B) t costs ral t costs ral To P se achients thanter the Large AC Larg	(Grants a Constraint of Constr	; (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated see Specific Instructions of RSTANDING OF concise manner. State the Section 501(c)(3) and (4) allocations to others.)  CATE PEOPLE A and allocations \$ JTH IN WHICH ALLY.  and allocations \$ HER ITS PROGED IN PORTUGAL  and allocations \$	ned educational  I to Prog. services \$ cated to Fundraising \$ on page 20.)  ISLAM ne number of clients organizations and  ABOUT  )  RAMS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a trusts; but optional for others.)  135,036
d e e e e e e e e e e e e e e e e e e e	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15  orting of Joint Costs. — Did you report in columation and fundraising solicitation?	43d 43e 44 mn (B) t costs ral t costs ral To P se achients thanter the Large AC Larg	(Grants a (Grant	; (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. alloce ee Specific Instructions of RSTANDING OF concise manner. State the Section 501(c)(3) and (4) allocations to others.)  CATE PEOPLE A and allocations \$  JTH IN WHICH ALLY.  And allocations \$  HER ITS PROGED IN PORTUGATED IN PORTUGATED IN PORTUGATED IN PORTUGATED IN AND ADDRESS AND ADD	ned educational  I to Prog. services \$ cated to Fundraising \$ on page 20.)  ISLAM ne number of clients organizations and  ABOUT  )  RAMS	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a) trusts; but optional for others.)
d e e e e e e e e e e e e e e e e e e e	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15  orting of Joint Costs. — Did you report in columation and fundraising solicitation?	43d 43e 44 mn (B) t costs ral t costs ral To P se achie te the ter the TE CO NATI CON TES	(Grants a (Grant	; (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated see Specific Instructions of RSTANDING OF concise manner. State the Section 501(c)(3) and (4) allocations to others.)  CATE PEOPLE A and allocations \$ JTH IN WHICH ALLY.  Ind allocations \$ HER ITS PROGED IN PORTUGAL  and allocations \$ and alloc	ned educational  If to Prog. services \$_cated to Fundraising \$ on page 20.)  ISLAM ne number of clients organizations and  ABOUT     ABOUT	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a trusts; but optional for others.)  135,036  7,050

Form 990 (1998) WAMY INTERNATIONAL, INC.

54-1621449

Page 3

Part IV Balance Sheets (See Specific Instructions on page 20.) (B) Where required, attached schedules and amounts within the description (A) Note: Beginning of year End of year column should be for end-of-year amounts only. 2,135 45 20,135. Cash -- non-interest-bearing..... Savings and temporary cash investments..... 46 47a Accounts receivable ..... 47a 47c **b** Less; allowance for doubtful accounts...... 48a 48a Pledges receivable ..... 48c b Less: allowance for doubtful accounts...... 48b 49 Grants receivable..... Receivables from officers, directors, trustees, and key employees 50 (attach schedule)..... 51a Other notes and loans receivable (attach 51c b Less: allowance for doubtful accounts...... 51b 52 52 Assets 53 Prepaid expenses and deferred charges..... 53 54 54 Investments -- securities (attach schedule)..... 55a Investments -- land, buildings, and **b** Less: accumulated depreciation (attach 55c 55b 57a Land, buildings, and equipment: basis . . . . . 57a 33,570. **b** Less: accumulated depreciation (attach 8,138. 57c 12,866. 57b 25,432 schedule).... 58 4,905. Other assets (describe ► Stmt Attchd 23,000. 58 38,001. 59 33,178. 59 60 60 61 61 62 Deferred revenue..... 62 Loans from officers, directors, trustees, and key employees (attach 63 17,256. 17,256. 63 schedule)..... Liabilities 64a 64b 65 65 Other liabilities (describe 17,256. 17,256 Organizations that follow SFAS 117, check here. . . > X and complete lines 67 through 69 and lines 73 and 74. 15,922. 67 20,745 Unrestricted..... 67 68 Temporarily restricted ..... តន 69 Permanently restricted..... Organizations that do not follow SFAS 117, check here . . . ▶ ☐ and complete Net lines 70 through 74. Assets 70 or Fund 70 Balances Paid-in or capital surplus, or land, building, and equipment fund . . . . . . . . . . 71 Retained earnings, endowment, accumulated income, or other funds...... 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal 15,922 20,745 73 line 21) ..... Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . 38,001

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (1998) WAMY INTERNA	TIONAL, INC.			54-1621	449 Page 4
Part IV-A Reconciliation of Re				ciliation of Expens	
Financial Statement	-	er		ial Statements wit	h Expenses per
Return (See Specific Ins	tructions, page 22.)		Return	<del></del>	
a Total revenue, gains, and other support		······	•	osses per audited	
per audited financial statements	► a N/A	financia	al statements	▶	a N/A
<b>b</b> Amounts included on line a but not on		<b>b</b> Amour	nts included or	n line a but not	
line 12, Form 990:		************	17, Form 990	:	
(1) Net unrealized gains		(1) Donate			
on investments \$	_	3000000 <b>3</b>	of facilities	\$	
(2) Donated services		(2) Prior y		ļ	
& use of facilities . \$		ments	reported on		
(3) Recoveries of prior		************	, Form 990 .	\$	
year grants \$	_		reported on		
(4) Other (specify):		SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	, Form 990 .	\$	
4		(4) Other	(specify):		
<u> </u>	_		<u> </u>		
Add amounts on lines (1) through (4)	▶ b			\$	
				es (1) through (4) 🕨	· <b>b</b>
c Line a minus line b	►   C	3300000000 _		······ •	С
d Amounts included on line 12,		***********	nts included o	·	
Form 990 but not on line a:		*********	990 but not on		
(1) Investment expenses		**************************************	ment expense	S	
not included on			luded on	_	
line 6b, Form 990 \$	_	XXXXXXXXI	, Form 990 .	\$	
(2) Other (specify):		<b>(2)</b> Other	(specify):		
\$	_			\$	
Add amounts on lines (1) and (2)	▶ d			es (1) and (2) ▶	d
e Total revenue per line 12, Form 990				ine 17, Form 990	·
(line c plus line d)	▶   e	(line c	plus line d)	<u></u>	<u>e</u>
Part V List of Officers, Directo	ors, Trustees, and	Key Employe	es (List each	one even if not compen	sated; see Specific
Instructions on page 22.)	(P) Title and ever		mnoncation	(D) Contributions to	(E) Expense
(A) Name and address	(B) Title and avera	< ∣ `(lfn	mpensation I <b>ot paid</b> ,	employee benefit plans	account and other
	devoted to positi	on <b>en</b> t	er -0)	& deferred comp.	allowances
ABDULLA BIN LADEN	PRESIDENT		•		
FALLS CHURCH, VA 22041	36.		<u>0.</u>	0.	0.
MOHAMED MAGHAZIL	VICE PRES.		^		
FALLS CHURCH, VA 22041	36.		0.	0.	0.
			•	1	
V-101.111					
			-t		
	. ]				
			<del> </del>		
	-				
	-				
	-				
	1			<u> </u>	<u> </u>
75 Did any officer, director, trustee, or ke	ey employee receive ag	gregate compensa	ition of more t	han \$100,000 from your	<b>.</b> □ <sub>V</sub> □
organization and all related organization			vided by the	related organizations?	▶ ☐ Yes 🗓 No
If "Yes," attach schedule see Spec	citic Instructions on page	e 22.			
-	<u> </u>				
CAA 8 99034 NTF 18761 GLD	4225				

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TAXABLE PARTY.	990 (1998) WAMY INTERNATIONAL, INC. 54-1621449	Page 5
Pa	Other Information (See Specific Instructions on page 23.)	Yes No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76 X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS?	77 X
	If "Yes," attach a conformed copy of the changes.	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79 X
	Is the organization related (other than by association with a statewide or nationwide organization) through common	73 7
oou	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a X
h	If "Yes," enter the name of the organization	OUA A
D	· · · · · · · · · · · · · · · · · · ·	
04.	and check whether it is exempt OR nonexempt.	
ora	Enter the amount of political expenditures, direct or indirect, as described in the	
	instructions for line 81	
	Did the organization file Form 1120-POL for this year?	81b X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	
_	substantially less than fair rental value?	82a X
b	If "Yes," you may indicate the value of these items here. Do not include this amount	
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in	
	Part III.)	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	
	tax deductible?	84b N/A
85	501(c)(4), (5), or (6) organizations. — a Were substantially all dues nondeductible by members?	85a N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	
	waiver for proxy tax owed for the prior year.	
c	Dues, assessments, and similar amounts from members	
d	Section 162(e) lobbying and political expenditures	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	1
q	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	<del>y</del> , , , , ,
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on	
	line 12	
b	Gross receipts, included on line 12, for public use of club facilities	-
87	501(c)(12) organizations. — Enter:	
	Gross income from members or shareholders	
	Gross income from other sources. (Do not net amounts due or paid to other sources	
	against amounts due or received from them.)	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership?	
00		88 X
90-	If "Yes," complete Part IX	88   X
094	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:	
h	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	-
D	501(c)(3) and 501(c)(4) organizations. — Did the organization engage in any section 4958 excess benefit transaction	005 7 /3
_	during the year? If "Yes," attach a statement explaining each transaction	89b N/A
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	
	sections 4912, 4955, and 4958	
	Enter: Amount of tax on line 89c, above, reimbursed by the organization	
	List the states with which a copy of this return is filed ▶ VIRGINIA	las.
	Number of employees employed in the pay period that includes March 12, 1998 (See instructions.)	90b
91	The books are in care of ► THE ORGANIZATION Telephone no.►703-916-0	0924
	Located at ► 4300 EVERGREEN LN., FALLS CHURCH, VA ZIP+4► 22041	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	
	and enter the amount of tax-exempt interest received or accrued during the tax year▶ 92	
CAA	8 99056 NTF 18762 GLD 2877	<u> </u>

Part VII	Analysis of Income-Pr	oducing Act	<b>livities</b> (See Specific	Instructions on	page 27.)	
Enter gross	s amounts unless otherwise		ousiness income		section 512, 513, or 514	<b>(E)</b>
indicated.	5 unio unio unio unio unio unio unio unio	(A)	(B)	(C)	(D)	(E) Related or exempt
93 Progra	am service revenue;	Business code	Amount	Exclusion code		function income
	LE OF BOOKS &					
	D TICKETS SALES				 	6,433.
	D TICKETS SALES					153.
Ğ						
d						
e						
	are/Medicaid payments					
•	nd contracts from govt. agencies					
95 Interes	ership dues and assessments t on savings and temporary cash nents					
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	inanced property					
	<b>[</b> —					
98 Netren	ot-financed property					
99 Otheri	nvestmentincome					
100 Gain or than inv	(loss) from sales of assets other ventory					
101 Netino	ome or (loss) from special events					
102 Gross p	orofit/(loss) from sales of inventory			<del></del>		
	revenue: a					
b						
C				· · · · · · · · · · · · · · · · · · ·		
d		<del></del>				
e						
	tal (add columns (B), (D), and (E))					
		1.450.1				6,586.
Notes (Line :	(add line 104, columns (B), (D), ar	id (E))				6,586.
	105 plus line 1d, Part I, should eq					
Part VIII		es to the Ac	complishment o	f Exempt Pu	Irposes (See Specific	Instructions on pg. 28.)
Line No. ▼	Explain how each activity for whorganization's exempt purposes	nich income is re (other than by	sported in column (E) providing funds for su	of Part VII contri ich purposes).	ibuted importantly to the	accomplishment of the
93-A	BOOKS, TAPES & BE				T TO MAKE TH	F!
	INFO. ACCESSABLE					
	UNDERSTANDING OF	TOTAM	AND DROMOTE	TAICITED N	CE DEBMEEN A	TT
	DIFFERENT RELIGI	ONG	HAD ENOMOTE	TOLEKAN	CE DEIMERN A	<u> </u>
93-B	DURING THE EID A		TMC TC ADDA	NOED FOR	DALCTT TOO ALT	D 12TD 4
<i></i>	TO CET TOCETHER	MURDE K	ING IS ARRA	NGED FOR	PAMILIES AN	D KIDS
	TO GET TOGETHER IDEAS ABOUT HOW					
		TO PROMO	TE DIFFERE	NT ACTIV	ITIES AMONG	THEIR
	COMMUNITIES.		·			
			·_ · · · · · · · · · · · · · · · · · ·			
Part IX	Information Regarding T	axable Subs	sidiaries (Comple	ete this Part	if "Yes" box on lir	ne 88 is checked.)
Name, ad	ldress, and employer identification	Percentage ownership	of Nature	e of	Total	End-of-year
numbe	er of corporation or partnership	interest	business a	activities	income	assets
			%	· · · · · · · · · · · · · · · · · · ·		
			%			
			%			
		1	%	<del> </del>		
Diagon	Under penalties of periury, I declare th	at I have examined	this return, including acco	ompanying schedul	es and statements, and to the	best of my knowledge and
			er than officer)	is based on all infor	mation of which preparer has	any knowledge. (See
			1 4-26	-99 . M	Hulleh Berlieden	
				_// <b>\</b> Mba	Author Birthaden	PRESIDENT

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**SCHEDULE A** (Form 990)

#### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

Department of the Treasury
Internal Revenue Service

See separate Instructions.

Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

1998

Name of the organization	Employer Identification number 54-1621449			
WAMY INTERNATIONAL, INC.  Part Compensation of the Five High	est Paid Employees Ot	ner Than Office		
(See instructions on page 1. List each one	. If there are none, enter "None	.")	(d) Contributions to	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
		i	:	
		<del></del>		
4				
			:	
		_		
			i	
Total number of other employees paid over \$50,000				
Compensation of the Five High (See instructions on page 1. List each on	nest Paid Independent ( e (whether individuals or firms).	Contractors for If there are none, e.	Professional Sonter "None.")	ervices
(a) Name and address of each independent contract	otor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
NOVE				
NONE				
	<u> </u>			
-				
· · · · · · · · · · · · · · · · · · ·	<u></u>			
			·	
Total number of others receiving over \$50,000 for				

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	dule A (Form 990) 1998 WAMY INTERNATIONAL, INC. 54-16214	49		age ∠
Pa	t III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter total expenses paid or incurred in connection with the lobbying activities  \$			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its			
	trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with			
	which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
а	Sale, exchange, or leasing of property?	2a		X
h	Lending of money or other extension of credit?	2b	i	X
C	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<del> </del>	X
e	Transfer of any part of its income or assets?	2e		X
Ī	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
	Do you have a section 403(b) annuity plan for your employees?	4a	<u> </u>	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans			
	from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)			
Pa	Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)			
he	organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).		4.	
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's i	name,	city,	
^	and state ▶  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1'	70(b)(1	YAYIY	۸.
0	(Also complete the <b>Support Schedule</b> in Part IV-A.)	, ((2)(	176.36	<i>,</i> .
19	An organization that normally receives a substantial part of its support from a governmental unit or from the general put	blic.		
	Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
l1b				
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and	gross		
	receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33		of its	
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses a			ıe
	organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	nizatior	าร	
	described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).	(See		
	section 509(a)(3).)			
	Provide the following information about the supported organizations. (See instructions on page 4.)			
	(a) Name(s) of supported organization(s)		ine nu om at	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)			

Schedule A (Form 990) 1998 WAMY INTERNATIONAL, INC.

54-1621449

Page 3

Part IV—A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.						
Caleni	dar year (or fiscal year beginning in)	(a) 1997	<b>(b)</b> 1996	(c) 1995	(d) 1994	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	137,354.		41,613.		
16	Membership fees received			, = = = =		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of tacilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,306.				3,306.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	180.				180.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	140,840.	238,994.	41,613.	101,329.	522,776.
24	Line 23 minus line 17	137,534.	238,994.	41,613.	101,329.	519,470.
<u>25</u>	Enter 1% of line 23	1,408.	2,390.	416.	1,013.	
26	Organizations described on	lines 10 or 11: a	Enter 2% of amount	in column (e), line 24	▶ 26a	10,389.
b	Attach a list (which is not oper person (other than a governm through 1997 exceeded the ar	ental unit or publicly st	ipported organization)	whose total gifts for 19	994	
_						F10 470
	Total support for section 509(a		column (e)	46	2070000000	519,470.
	Add: Amounts from column (e	22	180.	26b	▶   <u>26d</u>	<u>180.</u>
e f	Public support (line 26c minus	•				<del>                                     </del>
27	Public support percentage (I Organizations described on attach a list to show the name for each year:	line 12: a For of, and total amounts	amounts included in li received in each year	nes 15, 16, and 17 tha from, each "disqualifie	t were received from a d person." Enter the su	"disqualified person," im of such amounts
	(1997) For any amount included in lir	(1996)	(199	95)	(1994)	<del></del>
D	for any amount included in lir for each year, that was more t in lines 5 through 11, as well a (1) or (2), enter the sum of the	han the <b>larger</b> of <b>(1)</b> thas individuals.) After co	e amount on line 25 fo mputing the difference	or the year or <b>(2)</b> \$5,00 be between the amount	<ol><li>(Include in the list or</li></ol>	rganizations described
	(1997)		(198			
С	Add: Amounts from column (e	) for lines: 15 _ 20 _		. 16 21	▶  27c	ĺ
d	Add: Line 27a total	a	nd line 27b total		▶ 27d	
	Public support (line 27c total r	ninus line 27d total)			▶  27e	
f	Total support for section 509(a	a)(2) test: Enter amoun	t on line 23, col. (e)	▶ [27f]		
g		line 27e (numerator) d	divided by line 27f (de	enominator))	▶ 27g	%
<u>h</u>	Investment income percenta				<del></del>	
28	Unusual Grants: For an orgal (which is not open to public in description of the nature of the	ispection) for each yea	r showing the name of	f the contributor, the d	ate and amount of the	

Schedule A (Form 990) 1998 WAMY INTERNATIONAL, INC.

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Page 4

Private School Questionnaire (See instructions on page 4.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other			
	governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and			
<b>.</b>	scholarships?	30	******	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves?	31		
	if res, please describe; if No, please explain. (if you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
D	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	*****	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	<del></del>	ļ
ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	-:-		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75–50, 1975–2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation.	35		

Schedule A (Form 990) 19	98 WAMY INTER	NATIONAL, IN	C.,		54-16	21449 Page 5
	ing Expenditures b			tructions on pa	ge 6.)	
	completed ONLY by an		filed Form 5768)			
lawai	f the organization belongs					
Check here ▶ b i	f you checked "a" above  Limits on Lobbyin	· · · · · · · · · · · · · · · · · · ·	visions apply.	(a Affiliate	a) d group	(b) To be completed
(The t	erm "expenditures" mean	<del>-</del> -	ed.)	tot	als	for ALL electing organizations
36 Total lobbying expend	litures to influence public	opinion (grassroots lobb	ying) 3	6		
37 Total lobbying expend	litures to influence a legis	lative body (direct lobby	ing) 3	7		
38 Total lobbying expend	8 Total lobbying expenditures (add lines 36 and 37)					
39 Other exempt purpose	e expenditures		3	9		
40 Total exempt purpose	expenditures (add lines :	38 and 39)	4	0		
41 Lobbying nontaxable	amount. Enter the amoun	t from the following table	ə			
If the amount on line		e lobbying nontaxable	— 1999			
Not over \$500,000		% of the amount on line	40			
, .	t over \$1,000,000 \$1		100000			
• • •	not over \$1,500,000 . \$1	· •	10000	1		
	not over \$17,000,000 \$2		1 19993			
		,000,000				
42 Grassroots nontaxable	·	•				0
<b>43</b> Subtract line 42 from <b>44</b> Subtract line 41 from					0.	0.
44 Subliactinie 41 nom	mie 30. Einer -0- ii iine 4	i is more man ime so		4	0.	U.
Caution: If there is an	amount on either line 43	or line 44, you must file	Form 4720.			
	4-Yea	r Averaging Perior	Under Section	501(h)		
(Some	organizations that made	a section 501(h) election	do not have to comp	lete all of the fi	ve columns t	oelow.
**************************************	See	the instructions for lines	45 through 50 on pag	ge 7.)		
		Lobbying Expend	ditures During 4-Yea	ar Averaging P	'eriod	
Calendar year (or fiscal	(a)	(b)	(c)	(	d)	(e)
year beginning in)	1998	1997	1996	19	95	Total
45 Lobbying						
nontaxable amount .						
46 Lobbying ceiling amount (150% of line 45(e))						
47 Total lobbying					***************************************	
expenditures						
48 Grassroots						
nontaxable amount .						
49 Grassroots ceiling amount (150% of line 48(e))						
`						
50 Grassroots lobbying						
expenditures	^ A ** ** * B*	1 .: 5 6				
	y <b>ing Activity by No</b> r porting only by organization			miotiono on mo	no (3.)	
<del></del>					Je o.)	
During the year, did the o attempt to influence publi	_			unig any	Yes No	Amount
			-			
	ement (include compens					
	,		<del>-</del>	="		
	nts					
_	nts	c				
d Mailings to member						
d Mailings to member e Publications, or pul	rs, legislators, or the publ	ments				
<ul><li>d Mailings to member</li><li>e Publications, or pull</li><li>f Grants to other org</li></ul>	rs, legislators, or the publi olished or broadcast state	ments				
<ul> <li>d Mailings to member</li> <li>e Publications, or pull</li> <li>f Grants to other org</li> <li>g Direct contact with</li> </ul>	rs, legislators, or the publ olished or broadcast state anizations for lobbying pu	ments	egislative body			
<ul> <li>d Mailings to member</li> <li>e Publications, or put</li> <li>f Grants to other org</li> <li>g Direct contact with</li> <li>h Rallies, demonstrat</li> </ul>	rs, legislators, or the publ blished or broadcast state anizations for lobbying pu legislators, their staffs, go	ments	egislative body			
d Mailings to member e Publications, or pul f Grants to other org g Direct contact with h Rallies, demonstrat i Total lobbying expe	rs, legislators, or the publolished or broadcast state anizations for lobbying publegislators, their staffs, golions, seminars, conventio	ments	egislative body or any other means .			

Schedule A (Form 990) 1998 WAMY INTERNATIONAL, INC. Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: No X a(ii) **b** Other transactions: **b(i)** b(ii) (III) Rental of facilities or equipment ...... b(iii) (iv) Reimbursement arrangements ...... b(iv) (v) Loans or loan guarantees. (vi) Performance of services or membership or fundraising solicitations..... d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) (b) (c) (d) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, & sharing arrangements 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?..... X No **b** If "Yes," complete the following schedule: (a) (b) (c) Name of organization Type of organization Description of relationship

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Supplemental Schedules - 1998

Company: WAMY INTERNATIONAL, INC.

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EIN: 54-1621449

Form 990 - Exempt Organization Tax Return Line 42 - Depreciation, Depletion, Etc.

(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund- raising
1,350.	1,080.	270.	0.
4,130.	3,304.	826.	0.
28.	0.	28.	0.
5,508.	4,384.	1,124.	0.
	1,350. 4,130. 28.	1,350. 1,080. 4,130. 3,304. 28. 0. 5,508. 4,384.	Services General  1,350. 1,080. 270. 4,130. 3,304. 826. 28. 0. 28. 5,508. 4,384. 1,124.

Form 990 - Exempt Organization Tax Return Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund- raising
HOME PAGE & INTERNET	29,493.	29,493.	0.	0.
WAMY INT. & CONTEST	5,364.	•		0.
TRANSLATION & TYPESETT	24,299.	•		0.
INSURANCE	1,787.	•	1,787.	
YOUTH CAMPING	1,686.		0.	0.
ADVERTISEMENT	651.	651.	0.	0.
AUDIO & VIDEO	880.	880.	0.	0.
MEMBERSHIP & SUBSCRIPT	189.		95.	0.
UTILITIES	772.	618.	154.	0.
OFFICE REPAIRS	225.	0.	225.	0.
EQUIPMENT REPAIRS	463.	0.	463.	0.
BANK SERVICE CHARGES	99.	0,	99.	0.
CHARITABLE DONATIONS	6,000.	6,000.	· ·	0.
MISCELLANEOUS EXPENSES	1,948.	•		0.
LICENSES & PERMITS	22.	•	22.	. 0.
U.N. MEMBERSHIP	1,223.	1,223.	0.	0.
TOTAL	75,101.	71,593.	3,508.	0.

Case 1:03-md-01570-GBD-SN Document 3912-32 Filed 02/28/18 Page 15 of 15 . Supplemental Schedules - 1998 Page: 2 Company: WAMY INTERNATIONAL, INC. EIN: 54-1621449 Form 990 - Part IV - Balance Sheets Line 58 - Other Assets Description Amount SECURIY DEPOSITS 1,000. FUNDS SENT TO WAMY-CANADA 3,905. TOTAL 4,905.